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OCT 2.5 2004

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		Case No:		59056US0	02	
	AND POWER OF ATTORNEY UTILITY OR DESIGN	First Nam	ed Inventor:	Kim B. Sau	ilsbury	
	PLICATION (37 CFR § 1.63)		COM	PLETE IF K	NOWN	
	,	Applicatio	n No.;	10/699454		
Declaration Submitt			9:	October 31, 2	003	
with Initial Filing	Initial Filing (surcharge 3 § 1.18(e) required)	7 CFR Art Unit:		1745		
	g 1.16(e) (equired)	Examiner	Name:	Monique M. V	/ills	
name, and that I believe inventor (if plural names entitled:	ntor, I hereby declare that my resict am an original, first, and sole if are listed below) of the subject mediates are subject mediates.	inventor (if only on latter which is claim	e name is lis	sted below) or which a patent	an original, firs is sought on th	t. and loint
The specification of which	·					
·	1					
is attached hereto;		•				
was filed on	October 31, 20	003				
As United States Ap	oplication No.			10/6	99,454	
☐ is identified as PCT	International Application No.					
filed on						
and was amended on	A P APPIN SAME AND THE SECOND		(if applicabl	•		
I hereby state that I had amended by any amendr	ve reviewed and understand the nent specifically referred to above.	contents of the at	xove-Identifie	d specification	n, including the	claims, as
I hereby claim foreign pri or plant breeder's rights of the United States of Ame	cations, material information which anal filing date of the continuation-in prity benefits under 35 USC §§ 11 certificate(s), or 365(a) of any PCT erica, listed below and have also in the rights certificate(s), or any PCT ed.	n-part application. 9(a)-(d) or (f), or 36 international applic Identified below, by	5(b) of any for ation which do	oreign applications in the second of the sec	ion(s) for patent east one country sign application	t, inventor's other than
Prior Foreign	Eon	elgn Filing Date	Drings	y NOT	Certified Copy	Attached
Application No.		MM/DD/YYYY)		imed	YES	NO
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appointment, substitution reexamination, or reissue Customer Numbe Practitioner of Re I also appoint the follow substitution, and revocate	JEUJE	this application as In the U.S. Paten and/or agents with and any division.	and any div t and Traden th full powers continuation	rision, continu nark Office cor s (including the	ation, continued inected therewith the powers of ap-	tion-in-part, h.
Declaration and Power of Att	оглеу	Page 1 of 3			Case No.: 5	9056USQ02

The mailing address and the telephone number of the above-identified attorneys and/or agents are that of Customer No. 32692.

Inquiries regarding this application can be made to:

Attention: Philip Y. Dahl

Office of Intellectual Property Counsel 3M Innovative Properties Company Telephone No.: (651) 737-4029

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF BOLE OR FIRST INVENTOR:	A petition has been filed for	this unsigned inventor.
Given Name (first and middle [if any]): Kim B.	Family Name or Sumame: Saulsbury	
Inventor's signature:		Date: 10/15/04
Refidence: Lake Elmo, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed for	this unsigned inventor.
Given Name (first and middle [if any]): Mary R.	Family Name or Surname: Boone	V
Inventor's Signature;		Date:
Residence: West Saint Paul, Minnesota	Country: USA	Cittzenship: United States of America
Malling Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		
NAME OF IOINT INVENTOR IS AUG		
MANE OF COMIT INVENTOR, IF ARY;	☐ A petition has been filed for	this unalgned inventor.
Given Name (first and middle [if any]): Dennis P.	Family Name or Surname: O'Brien	
Inventor's Safature:		Date: 6c+15/2004
Residence: Maplewood, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		1

Declaration and Power of Attorney

Page 2 of 3

NAME OF JOINT INVENTOR, IF ANY:	A petition has been	filed for this unsigned inventor.
Given Name (first and middle (if eny)): Dennis E.	Family Name or Surname: Ferguson	-
Inventor's Signature	A CONTRACTOR OF THE CONTRACTOR	Date: 10/15/04
Residence: Mahtomedi, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address։ P.O. Box 33427, St. Paul, Minnesota 55133-3427, է	JSA	
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been	filed for this unsigned inventor.
Siven Name (first and middle [if any]): Paul M.	Family Name or Surname: Boucher	-
nventor's Signature: Paul M. Borah		Date: 10/15/04
Residence: Scint Paul, Minnesota Lake Elmo PB	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, L	JSA	
NAME OF JOINT INVENTOR, IF ANY:	□ A polition has been	Clark for the continue of towards
Given Name (first and middle [if any]):	Family Name or Surname:	filed for this unsigned inventor.
		·
nventor's Signature:		Oate:
Residence:	I Charles	•
	Country: USA	Citizenship: United States of America
Aailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, U	USA	
falling Address:	USA	United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesote 55133-3427, U NAME OF JOINT INVENTOR, IF ANY:	USA	
Aailing Address: 2.O. Box 33427, St. Paul, Minnesota 55133-3427, U NAME OF JOINT INVENTOR, IF ANY: Siven Name (first and middle [if any]):	USA ISA	United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, U	USA ISA	United States of America

Declaration and Power of Attorney

Page 3 of 3

		Case No:	59056US00)2	·
DECLARATION AN	D POWER OF ATTORNEY,	First Named Invento			
FOR UTI	LITY OR DESIGN CATION (37 CFR § 1.83)	CC	MPLETE IF K	NOWN	
PATENTACCE		Application No.:	10/699454		
Declaration Submitted	□ Declaration Submitted after	Filing Date:	October 31, 2	003	
with Initial Filing	Initial Filing (surcharge 37 CFI	R Art Unit:	1745		Lp.**
	§ 1.16(e) required)	Examiner Name:	Monique M. V	/iils	
name, and that I believe I to be a second that I believe	, I hereby declare that my residence arn an original, first, and sole inven- blisted below) of the subject matter SISTRATION ARRANGEMEN	which is claimed and fo	r which a patent	is sought on th	
he specification of which		•			
is attached hereto;					
⊠ was filed on	October 31, 2003				
As United States Appli			10/6	99,454	
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and was amended on		(if applic	able).		
acknowledge the duty to continuation-in-part applical national or PCT internations hereby claim foreign priori or plant breeder's rights car	nt specifically referred to above. I disclose information which is mations, material information which becautifiling date of the continuation-in-pairty benefits under 35 USC §§ 119(a)-tificate(s), or 365(a) of any PCT interest, listed below and have also identicate(s), or any PCT interestigates.	ame avallable between to t application. (d) or (f), or 365(b) of ar mational application which titled below, by chacking	ne filing date of the state of	the prior applical atton(s) for patent least one countring	it, inventor y other than o for paten
Prior Foreign	Foreign	Filing Date Pr	iority NOT	Certifled Copy	y Attached
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appointment, substitution, reexamination, or reissue to Customer Number Practitioner of Recularity and appoint the following substitution, and revocations.		s application and any the U.S. Patent and Transition of the U.S. Patent an	division, continued of the continued of	uation, continuing connected therew the powers of a confine powers of a confine part, reexa	ation-in-pa ith. appointmei
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NAME OF SOLE OR FIRST INVENTOR:	☐ A petition has been filed f	or this unsigned inventor.
Given Name (first and middle [if any]): Kim B.	Family Name or Surname: Saulabury	
Inventor's Signature:		Date:
Residence: Lake Elmo, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA	4	
NAME OF JOINT INVENTOR, IF ANY:	A petition has been filed	for this unsigned inventor.
Given Name (first and middle (if any)): Mary R.	Family Name or Surname: Boone	
westerd signature: Boom		Date: 10 - 20 - 04
Residence: West Saint Pull, Minnesota PITTS BUZGH, PA	USA	Citizenship: United States of America
Mailing Address: P.O: Box 33427, St. Paul, Minnesota 55133-3427, US	A 5801 STANTON AVI	15206 F, APT#1 PTTTSBURH, PA
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed	for this unsigned inventor.
Given Name (first and middle [if any]): Dennis P.	Family Name or Surname: O'Brien	
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Residence: Maplewood, Minnesota	Country: USA	Citizenship: United States of America
Malling Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, US	SA .	

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ven Name (first and middle [if any]): ennis E.	Family Name or Surname Ferguson	e:
ventor's Signature:		Date:
esidence: lahtomedi, Minnesota	Country: USA	Citizenship: United States of America
ailing Address: .O. Box 33427, St. Paul, Minnesota 55133-3427, L	JSA	
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has bee	en filed for this unsigned inventor.
siven Name (first and middle (if any)): Paul M.	Family Name or Surnam Boucher	ne:
nventor's Signature:		Date:
tesidence: Saint Paul, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427,	USA	
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P.O. Box 33427, St. Paul, Minnesota 55133-3427,		
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has be	
NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]):	☐ A petition has be	ne:
NAME OF JOINT INVENTOR, IF ANY: Siven Name (first and middle [if any]): nventor's Signature:	A petition has be Family Name or Surnar Country:	Date:
NAME OF JOINT INVENTOR, IF ANY: Siven Name (first and middle [if any]): nventor's Signature: Residence: Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427,	Country: USA	Date:
NAME OF JOINT INVENTOR, IF ANY: Siven Name (first and middle [if any]): nventor's Signature: Residence:	Country: USA	Date: Citizenship: United States of America Deen filed for this unsigned inventor.
NAME OF JOINT INVENTOR, IF ANY: Name (first and middle [if any]): Newnor's Signature: Residence: Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, NAME OF JOINT INVENTOR, IF ANY:	Country: USA A petition has been family Name or Suman	Date: Citizenship: United States of America Deen filed for this unsigned inventor.
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